

U.S. Department of Labor  
Office of Labor Management  
Washington, DC 20410

FORM LM-30  
**LABOR ORGANIZATION OFFICER AND  
EMPLOYEE REPORT**

Form LM-30  
Office of Management  
and Budget  
No. 1215-0186

1. File Number U: **783**

2. Fiscal Year Covered From:

**01 / 01 / 2004 Through: 12 / 31 / 2004**

3. Name and address of person filing:

Name **ELIZABETH BROWNFIELD**

P.O. Box, Bldg., Room No., if any

Street **218 HARDING S.W.**

City **MASSILLON**

State **Ohio** ZIP Code + 4 **44646**

5. Position in labor organization:

**TRUSTEE**

4. Name, file number, and address of labor organization:

Name **IRONWORKERS LOCAL UNION NO. 550**

P.O. Box, Building and Room Number, if any

Street **618 HIGH AVENUE N.W.**

City **CANTON**

State **Ohio** ZIP Code + 4 **44703**

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests  
(except as specified in the subsections set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an organization that represents or is actively seeking to represent your organization's members.

6. Name and address of organization holding your name, if any:

Name

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street

City

State

7.a. Nature of Interest, Transaction, or Income:

\$0

7.b. Amount:

16. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

*Elizabeth M. Brownfield*

On **17/7/2005**

Date

**330/485-5164**

Telephone Number